PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPOND	ENCE ADDRESS (Note: Use E	Block I for any change of address)) No	Note: A certificate of mailing can only be used for domestic mailings of the			
			pa	pers. Each additional	s certificate cannot be used	tor any other secommensis.	
52196 7590 09/02/2010				have its own certificate of matting or transmission.			
MEDTRONIC Attn: Noreen Johnson - IP Legal Department				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
2600 Sofamor D	anek Drive	epartment	dressed to the Mail	Stop ISSUE FEE address	st class mail in an envelope above, or being facsimile		
MEMPHIS, TN 38132							
			-			(Depositor's name)	
			<u> </u>			(Signature)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCUET NO		
10/603,471	10/603,471 06/25/2003		Larry Gause		MEDICATE DOCKET NO. CONFIRMATION NO.		
TITLE OF INVENTION: SYSTEM FOR STABILIZING A PORTION OF					MSDI-259/PC757.00	3218	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	12/02/2010	
EXAMI		ART UNIT	CLASS-SUBCLASS]			
RAMANA, ANURADHA		3775	606-290000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the promose of up to 2 printing of the page.							
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (hoving as a marsh as a 2						1	
"Fee Address" indication (or "Fee Address" Indication form							
Number is required. 2 registered patent attorneys or agents. If n listed, no name will be printed.					o name is 3		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Warsaw Urthopedic, Inc. Warsaw Indiana							
4. The Control of the							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.						hown above)	
Publication Fee (No small entity discount permitted) Payment				syment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies The Director is hereby authorized to charge the required fce(s), any deficiency, or credit an overpayment, to Deposit Account Number 13.3 & (enclose an extra copy of this formula of the control of the cont						iciency, or credit any	
5. Change in Entity Statu							
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.							
interest as shown by the rec	cords of the United State	es Patent and Trademark	Office.	he applicant; a registe	ered attorney or agent; or the	assignee or other party in	
Authorized Signature Date /1/23/10							
Typed or printed name	William R	Richter		Registration No.	43 879		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.							
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							